

2000-2001
Gifted and Talented Education (GATE)
OBJECTIVES-BASED BUDGET

Send original and one copy by June 15, 2000 to:

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Person Completing Report: _____

Phone: _____ Date: _____

District Name and Mailing Address:

 _____ CA _____

County: _____

CDS Code: _____ - _____

Name of GATE Program Manager/Coordinator:

Telephone: _____

Fax: _____

Certification:

I hereby certify that all applicable state and federal rules and regulations will be observed in the expenditure of GATE funds and that to the best of my knowledge the information herein is accurate and complete.

 Signature of District Superintendent Date

Local Governing Board Approval:

The local governing board has determined the most appropriate educational program for participating students (EC Section 52206).

Year of local governing board approval of Full GATE Application

Parent Participation:

Parents must be involved in the planning, implementation and evaluation of the GATE program [Title 5 Regulations, Section 3831 (j)].

Date of GATE Parent/Teacher Advisory Committee (highly recommended, but not required) Or Date of School Site Council(s) review of this budget: _____

Check all that apply:

- ☐ District applied through IASA, Local Improvement Plan (LIP).
- ☐ District application includes one or more Charter Schools.
- ☐ GATE operates as part of a School-Based Coordinated Program at _____ (#) sites.
- ☐ District will serve 50 or fewer GATE students.
- ☐ District intends to be part of a GATE Consortium.

Current number of identified GATE students: _____

District serves grades: K-1 _____ K-6 _____ K-8 _____ 7-12 _____ 9-12 _____

For CDE Office Use Only:

- ☐ Missing explanation of budget items.
- ☐ Budget items need further explanation.
- ☐ Indirect costs exceed 3%.
- ☐ Budget figures do not add up.
- ☐ Excessive carryover needs further explanation.
- ☐ GATE funds for field trips require submission of a Waiver Request [EC Section 52209(b)]

☐ Meets Standards

☐ Re-submit

Reviewer (s) _____ Date _____

District Name: _____

Proposed Budget Plan for 2000-2001				Use the column below to relate your budget to your approved application. <i>Budget updates without explanations of expenditures will be returned.</i>
Line	Code	Classification	Amount	Explanation of Budget Expenditure
1	1000	Certificated Personnel Salaries		
2	1100	Teacher Salaries		
3	1200	School Administrator Salaries		
4	1300	Supervisor Salaries		
5	1500	Guidance and Welfare Attendance Salaries		
6	1800	Administrator Salaries (certificated non-instructional)		
7	1900	Other Certificated Salaries		
8	2000	Classified Personnel Salaries		
9	2100	Instructional Aides		
10	2200	Administrator Salaries		
11	2300	Clerical and Other Office Salaries		
12	2900	Other Classified Salaries (specify)		
13	3000	Employee Benefits		

District Name: _____

Proposed Budget Plan for 2000-2001				Use the column below to relate your budget to your approved application. <i>Budget updates without explanations of expenditures will be returned.</i>
Line	Code	Classification	Amount	Explanation of Budget Expenditure
14	4000	Book and Supplies (including computer software)		
15	5000	Services and Other Operating Expenditures		
16	6000	Capital Outlay (including computer equipment)		
17	7000	Indirect Costs (maximum of 3%)		
18		TOTAL PROPOSED EXPENDITURES		
19		Expected GATE Apportionment		
20		1999-00 Carryover (if any) Describe how carryover will be spent.		
21		Amount district adds to GATE funding (if any)		

School-Based Coordinated Programs				
If district includes GATE in any site-level School-Based Coordinated Programs (SBCPs) or Charter Schools, please list the names of the schools and the amount of GATE funds allocated to each site on the lines below. Check here if ALL schools in the district receive GATE funds as SBCP participants: _____				
School	GATE Funds		School	GATE Funds